MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23 ~~190~~

1. PLACE OF DEATH: COUNTY ~~Anne Arundel~~ MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 176	STREET ADDRESS (If rural, give location) Forest Street

3. NAME OF DECEASED (Type or Print)	(First) ELLIS	(Middle) ASH	(Last)	4. DATE OF DEATH (Month) 6-7-52	(Day) (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-13-1888	9. AGE last birthday 64 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY B&O RR	11. BIRTHPLACE (State or foreign country) Flintstone, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Ash		14. MOTHER'S MAIDEN NAME Stacey Bennett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 705-09-1834	17. INFORMANT AND ADDRESS Pearl Ash, Dorsey, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
812.4 Immediate cause	(a) Fracture of skull. -	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound Comminuted	
	(c) fractures of both legs	Sudden

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 176	(CITY OR TOWN) Dorsey - A.A. (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/7/52. 2:15 A.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? = Hit by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Fonbeck M.D.	assistant medical examiner.	Glen Burnie, Md.	6/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-11-1952	NAME OF CEMETERY OR CREMATORY Meadowridge Memorial	LOCATION (City, town, or county) (State) Dorsey, Md.
DATE REC'D BY LOCAL REG. 6/8/52	REGISTRAR'S SIGNATURE John B. Lingham	24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.	ADDRESS

Caldwell Woodruff Per. B. E. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

6/11/57

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 13 yrs. 7 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) 238 N. Jonathon Street ✓

3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle) Wilson	(Last) Banks	4. DATE OF DEATH	(Month) 6 (Day) 2 (Year) 1952
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 11/26/26	9. AGE last birthday 25 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME James Banks		14. MOTHER'S MAIDEN NAME Estella Hanton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital spastic idiocy — Known to us since adm. 10/21/38

325.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic paraplegia — Since the age of 13 mos.

19a. DATE OF OPERATION - - - -	19b. MAJOR FINDINGS OF OPERATION - - - - - - -	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - -	(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 10/13, 1941 to 6/2/, 1952, that I last saw the deceased alive on 6/2/, 1952, and that death occurred at 9:30p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 7, 1954	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. 6-6-52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John R Watson Jr.	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06049

Reg. Dist. No. 27

VS. A15 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Meade; — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAH. Ft. Meade Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #1
STREET ADDRESS (If rural, give location) 101 Tiffany Court

3. NAME OF DECEASED (Type or Print): (First) Blackwell, (Middle) Robert (Last) Vincent
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1952
5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-7-52
9. AGE last birthday 0 yrs. — If under 1 year: Months — Days 2 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hurley Delfield Blackwell
14. MOTHER'S MAIDEN NAME Margie Edith Finney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Cpl Hurley Blackwell (Father) 2102 ASU Indiantown Gap, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 2 days

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 9, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 0400 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) JOSEPH C. SHEEHAN, Capt., M.C. — ADDRESS USA Hosp Ft Meade, Md — DATE SIGNED 9 June 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10 June 52 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) Ft Geo G. Meade, Md. (State)

DATE REC'D BY LOCAL REG. 9 June 52 — REGISTRAR'S SIGNATURE ARTHUR J. GOMBOSH, Capt., MSC
24. FUNERAL DIRECTOR J. G. BURKHALTER, Chaplain (Capt USA) — ADDRESS Ft Meade, Md.

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JUN 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

15973

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Symmes Home or Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1 Upland Road

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) CLARE (Last) BRANDON

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 10 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Reagan

14. MOTHER'S MAIDEN NAME: Mary O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Dr. Gerald F. Brandon, Baltimore 10, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Dilatation of Heart	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Hypertensive Disease	unknown
	(c)	

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy (Degree or title) M.D. | ADDRESS: Deputy Medical Examiner Annapolis Md. | DATE SIGNED: 6/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 6-18-52 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: June 15, 1952 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Ellsworth Armacost | ADDRESS: Balto Md.

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JUN 18 19[illegible]
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ebbie (Middle) (Last) Brown
4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Unknown
9. AGE last birthday Approx. 80 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY — — — —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Harry Congress
14. MOTHER'S MAIDEN NAME Lester Fritchett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — — — — — (If yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. — — — — —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Known to us since admission 10/10/51

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, Simple Deterioration — ~~Known to us since~~ admission 10/10/51

19a. DATE OF OPERATION — — — — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — — — — — — —

22. I hereby certify that I attended the deceased from 10/10, 1951, to 6/9/, 1952, that I last saw the deceased alive on 6/9, 1952, and that death occurred at 4:20 a. m., from the causes and on the date stated above.

SIGNATURE Jacob Hoorgenstein M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/10/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6/10
REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR Frances A Hemsley
ADDRESS 18 N Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Robinson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3-20-1884
9. AGE last birthday: 68 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Flour
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brown
14. MOTHER'S MAIDEN NAME: Rebecca Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-07-0001
17. INFORMANT AND ADDRESS: Mrs. Lena Brown, Robinson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypostatic pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH: one week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Koelln M. D. 45 Franklin St Annapolis 6-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-2-1952
NAME OF CEMETERY OR CREMATORY: Town Neck
LOCATION (City, town, or county) (State): Robinson, Md.

DATE REC'D BY LOCAL REG.: July 2, 1952
REGISTRAR'S SIGNATURE: J. W. French
24. FUNERAL DIRECTOR: William Reese II
ADDRESS: 108 St. Washington St. Annapolis, Md.

RECEIVED
JUL 3 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

76

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harry Manifold's Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4615 - Woodberry

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) (Last) BROOKER

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Watermen

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: A. A. County Police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

729.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Chesapeake Bay off Holland Point (CITY OR TOWN) A. A. (COUNTY) Md (STATE)

TIME OF INJURY (Month) June (Day) 7 (Year) 1952 (Hour) 11 P. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffey M.D. Deputy Med. Examiner Annapolis Md 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

unknown — [illegible]

DATE REC'D BY LOCAL REG June 10 52 | REGISTRAR'S SIGNATURE J. B Dent | 24. FUNERAL DIRECTOR ADDRESS

Davis Funeral Home Alexandria Md

JUN 12 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O.Glen Burnie
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS I40I Saunders way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) I402 Winston Ave.

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) Viola (Last) Buchta
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH I0/6/87
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Baltimore,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Armstrong
14. MOTHER'S MAIDEN NAME Harriett R. Winchester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs Juanita Guy,Harundale,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heat Exhaustion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Rauber Jr. (Degree or title) Assistant Deputy Medical Examiner ADDRESS Glen Burnie,Md. DATE SIGNED 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/1/52
NAME OF CEMETERY OR CREMATORY Mount Olivet
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-30-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC ADDRESS BALTO., 13 Md.

Henry F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0 78

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodland Beach
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital	STREET ADDRESS (If rural, give location): Edgewater Post Office

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) W	(Last) BURROUGHS	4. DATE OF DEATH	(Month) June	(Day) 28,	(Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 15,	1890	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired truck driver	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John J. Burroughs		14. MOTHER'S MAIDEN NAME: Catherine Bijor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: ?	17. INFORMANT AND ADDRESS: W.E. Thomas 3200 E St. SE Washington, D.C.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio sclerosis	4 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) Annapolis	(COUNTY) A.A. Co.	(STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): June 28, 52 2:30 A.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Natural Causes		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Elmer G. Linhardt	Assi't Deputy Medical Examiner A.A. County	Annapolis, Md 6-28-

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-1-52	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28, 1952		Deal Funeral Home Inc.	Washington, D.C.

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7

79

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural, give location) South River Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Sarah Catherine Cadle

4. DATE OF DEATH: (Month) (Day) (Year) June 26 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: Sept. 23, 1867
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Moran
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Wm A. Cadle - Edgewater, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	arteriosclerotic cardiovascular disease	20 yrs
	DUE TO		
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Gen arteriosclerosis	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to June 26, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 6 25 P m., from the causes and on the date stated above.

SIGNATURE S. Bosnick M.D. (DEGREE OR TITLE) ADDRESS Annapolis Md DATE SIGNED 6/27/52

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: DATE THEREOF 6-28-52 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. June 28, 1952 REGISTRAR'S SIGNATURE Edward Collenson 24. FUNERAL DIRECTOR John M. Taylor & Sons - Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

JUL 7 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Best Gate
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Rural
STREET ADDRESS (If rural, give location) Best Gate

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) (Last) Carroll
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Dec. 25 1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General house work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) A.A. Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Nater
14. MOTHER'S MAIDEN NAME Eliza Nater
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles Mathews, Best Gate Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic Gangrene

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of left foot

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2½ Mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1952 to June 24, 1952, that I last saw the deceased alive on 6/24, 1952, and that death occurred at 10:00 A.M. m., from the causes and on the date stated above.

SIGNATURE R. L. Rockwood (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 27 1952
NAME OF CEMETERY OR CREMATORY Fowler Chapel
LOCATION (City, town, or county) Best Gate (State) Md

DATE REC'D BY LOCAL REG. June 27, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. B. Johnson, 34 Lafayette Ave ADDRESS Annapolis Md

RECEIVED
JUN 30 1952
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH — COUNTY: A A — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Collinson

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-29-1860

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): A A Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Newton N. Brewer

14. MOTHER'S MAIDEN NAME: Mary E. Birch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Newton B. Collinson Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	generalized arteriosclerosis	20 yrs.
450 D Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1943, to June, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Borsuch Md Annapolis Md 6/7/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 6-7-52 — NAME OF CEMETERY OR CREMATORY: All Hallows — LOCATION (City, town, or county): A A Co (State): Md.

DATE REC'D BY LOCAL REG.: June 7, 1952 — REGISTRAR'S SIGNATURE: Edward Collinson

24. FUNERAL DIRECTOR: John M. Taylor Sons — ADDRESS: Annapolis Md.

RECEIVED
JUN 19 1952
BUREAU M. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] George G. Meade; LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Boston
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital	STREET ADDRESS (If rural, give location) 99 White Street

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) D'ALESSANDRO			4. DATE OF DEATH (Month) JUNE (Day) [illegible] (Year) 19[illegible]		
5. SEX [illegible]	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH Aug 23, 1932	9. AGE last birthday 19 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME [illegible] D'Alessandro			14. MOTHER'S MAIDEN NAME Elena Bello		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible] Training Only	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS [illegible] St. [illegible] Mass [illegible] D'Alessandro [illegible]		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heat stroke	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 June 1952, to 30 June, 1952, that I last saw the deceased alive on [illegible] June, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS DATE SIGNED

Robert M. [illegible] Capt MC USA Hospt Geo G. Meade, Md 30 June [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible] Capt., [illegible]	24. FUNERAL DIRECTOR Earl Wolverton Inc Baltimore, Md.	ADDRESS

RECEIVED
JUL 3 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 8521

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place) 9½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) WINTER (Middle) C (Last) DELL
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: June 16, 1881
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter Jr Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerome Dell
14. MOTHER'S MAIDEN NAME: Catherine Caples
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Preston Dell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Acute Pulmonary Edema	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic C. V. Disease	yrs.
	DUE TO (c) Senility	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/51, to 6/19/52, that I last saw the deceased alive on 6/18/52, and that death occurred at 915 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Maurice Klawans MD Annapolis, Md 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF June 21 52
NAME OF CEMETERY OR CREMATORY Westminster Cem.
LOCATION (City, town, or county) (State) Westminster Md

DATE REC'D BY LOCAL REG. June 19, 1952
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR H Bankard, Son Westminster Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-47

RECEIVED
JUN 20 1952
BUREAU W. S.

Item 8 FilmG144 6/27/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

34

1. PLACE OF DEATH:

County: A. A. Co

City or town: Johnsontown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ~~Life~~

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County:

City or town: Pasadena Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: Johnsontown (If rural, give LOCATION) Box 22

2.(a) If veteran, name war: Route 15

3.(a) FULL NAME: Jessie Murdock Johnson Demby

3.(b) Social Security Number

4. Sex: Female

5. Color or race: B

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband ~~or wife~~: Verdell DemBy

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 26-1930

8. AGE: Years: ~~22~~ 21 ~~1930~~ Months: ~~Sept~~ Days: ~~24~~ If less than one day ..... hrs. ..... min.

9. Birthplace: A. A. Co Md (Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER 12. Name: Wm Murdock

13. Birthplace: Md

MOTHER 14. Maiden name: Vilotta Johnson

15. Birthplace

16. Informant: Verdell DemBy

Address: Pasadena Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/22/52 (month) (day) (year)

Cemetery or crematory: Magothy

Location: A. A. Co Md

18. Funeral director: James A Hayes

Address: 638 N. Gilmor St

19. 6/20/52 19 (Date rec'd by registrar) ✓ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18-52 19 at 11-10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1-52 19 to June 18- 1952 and that I last saw her alive on June 15- 52

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Forth Lipskey M. D. or other

Address: Edenton Md Date signed: June 19-52

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

85

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A.A. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5th & Nevada Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) 5th Nevada Ave

3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) E. (Last) Disney
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 6-6-1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benj Batchelor
14. MOTHER'S MAIDEN NAME Laura
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Gladys C. Smith 3342 Strickland St Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	2 days
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	10 years
	(c) Diabetes Mellitus	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to June 26, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 6:28A m., from the causes and on the date stated above.

SIGNATURE Edward G. Merritt (Degree or title) M.D. ADDRESS Gambrills Md DATE SIGNED 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-29-52
NAME OF CEMETERY OR CREMATORY Nichols Mer Meth Cem
LOCATION (City, town, or county) (State) Odenton A.A. Co Md

DATE REC'D BY LOCAL REG. 6/27/52
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Robt C & B.M. Walters ADDRESS Pratt & Stricker Sts

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

86

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY ... MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (in this place) ... HOSPITAL OR INSTITUTION OR STREET ADDRESS ...	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY ... CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... STREET ADDRESS (If rural, give location) ... ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRED		Dorst	JUNE	20	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	W	Married	Sept 1, 1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired soldier	U S Army	Germany	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
WW II	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute myocardial infarction	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]	
(c)	

411x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ... 19..., to ... 19..., that I last saw the deceased alive on 29 June, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE Robert [illegible] (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-52	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	[illegible]	[illegible]

RECEIVED
JUL 3 1952
BUREAU V. S.

1029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundle — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Harmans
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Coaling Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural, give location) Old Coaling Road

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) P. (Last) DURNER

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 26, 1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Roseleib

14. MOTHER'S MAIDEN NAME: Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Louise S. Griffith Harmons, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio-Vascular Disease. — Interval between onset and death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Senility.

DUE TO (c)

422 1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Removal of left leg for Senile Gangrene

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 19, to June 27, 19 52, that I last saw the deceased alive on June 27, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE James S. Bellinger M.D. (DEGREE OR TITLE) ADDRESS 10 E. Centre St. Glen Burnie Md. DATE SIGNED June 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 30, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Brooklyn, R.F.D. Md.

DATE REC'D BY LOCAL REG. 6/30/52

REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR R.V. Singleton ADDRESS Glen Burnie, Md.

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JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 181 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 181 West Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): MARGARET AMELIA RIDOUT DUVALL

4. DATE OF DEATH: (Month) (Day) (Year): June 26 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 12, 1870

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own H[illegible]

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ORLANDO RIDOUT

14. MOTHER'S MAIDEN NAME: MARGARET ATLEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Charles O. Duvall same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	1 yr.
1998 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO primary site unknown	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C.V.D. — 5-10 yr.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to 6/26 1952, that I last saw the deceased alive on 6/26 1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Frank H. Shipley M.D. Annapolis, Md. 6/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 29, 1952 — NAME OF CEMETERY OR CREMATORY: St. Margaret's Cemet — LOCATION (City, town, or county) (State): St. Margaret's C Maryland

DATE REC'D BY LOCAL REG.: June 28, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son Annapolis, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Elrton, A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elrton
LENGTH OF STAY (in this place) all his life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elrton, Millersville AD COUNTY A. A. D.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elrton.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Benjamin (Last) Duvall.
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH July 8, 1864
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Carpenter Retired
11. BIRTHPLACE (State or foreign country) A. A. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Duvall
14. MOTHER'S MAIDEN NAME Ruth Duvall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Ada D. Horky.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Valvular Disease of the Heart	5 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio. Vascular Disease	5 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1951, to June 26, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 10 00 P.m., from the causes and on the date stated above.

SIGNATURE James S. Billingsley (Degree or title) M.D. ADDRESS 10 So Central Ave Glen Burnie Md DATE SIGNED June 26, 1952.

23. BURIAL, CREMATION REMOVAL (Specify) B.
DATE THEREOF 6-30-52
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie

DATE REC'D BY LOCAL REG. June 28, 1952
REGISTRAR'S SIGNATURE Ida M. Whitsons
24. FUNERAL DIRECTOR W. L. de Coey ADDRESS 130 E Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY ANNA ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY ANNA ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN PK. LENGTH OF STAY (In this place) 5 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN PK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 ARUNDEL Rd	STREET ADDRESS (If rural give location) 306 ARUNDEL Rd

3. NAME OF DECEASED (Type or Print) (First) SOPHIA (Middle) (Last) EIGENBRODT			4. DATE OF DEATH (Month) (Day) (Year) 6-26-1952	
5. SEX F	6. COLOR OR RACE WHT	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH JUNE 14-1872	9. AGE last birthday 80 yrs. If under 1 year Months Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO MD.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JULIUS SCHAFER			14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT MRS ALBINA MOCKARD	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myodegen cordis

(c) myodegen cordis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6·26·5AM m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6·25, 1952, to ....., 19....., that I last saw the deceased alive on 6·25, 1952, and that death occurred at ~~306~~ 5A m., from the causes and on the date stated above.

SIGNATURE Eugene Quitzer (Degree or title) ADDRESS 3904 S Hanover DATE SIGNED 6·27·52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 6/28/52	NAME OF CEMETERY OR CREMATORY LOUDON PK.	LOCATION (City, town, or county) (State) Eld AVE
DATE REC'D BY LOCAL REG. 6/27/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR GEO. LEIMBACH	ADDRESS 525 N. LYNDHURST St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 31

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Cumberland Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 2 Cumberland Court

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (H) (Last) Fallon

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 4-23-1876

9. AGE last Birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? Ireland

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Thomas L. Smith - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 days
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic CVD	2 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while ~~at work~~ ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/19/, 1952, to 6/28/, 1952, that I last saw the deceased alive on 2/20/, 1952, and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Frank M Shirley MD - Annapolis Md. 6/30/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF 7-3-1952 — NAME OF CEMETERY OR CREMATORY Calvary Cemetery — LOCATION (City, town, or county) Long Island City — (State) N.Y.

DATE REC'D BY LOCAL REG. June 30, 1952 — REGISTRAR'S SIGNATURE [illegible] — **24. FUNERAL DIRECTOR** John M. Taylor & Son — ADDRESS Annapolis, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A.A. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibson Island

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island
STREET ADDRESS (If rural, give location) Gibson Island

3. NAME OF DECEASED: (Type or Print) (First) Dr CIARA (Middle) (Last) FERGUSON

4. DATE OF DEATH: (Month) (Day) (Year) June 21/52 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Feb. 9, 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Physician	Iowa	

13. FATHER'S NAME: John Ferguson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mortimer North, Gibson Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 1, 1952 to June 21 19 52 that I last saw the deceased alive on June 21, 1952 and that death occurred at 10.4 m. from the causes and on the date stated above.

SIGNATURE Page Edmunds M.D. (DEGREE OR TITLE) ADDRESS M.D. Gibson Island Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	June 23/52	Loudon Park Crematory	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Harry H. Sutfield	4101 Edmondson Ave

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) E (Last) FORD
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH AUG 24, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10. USUAL OCCUPATION (Give kind of work of the during most of working life even if retired) MATERIAL OF TRUNKS
11. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John William Ford
14. MOTHER'S MAIDEN NAME Annie Bull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) W.W.I
16. SOCIAL SECURITY No. 215-07-7117
17. INFORMANT AND ADDRESS Mrs. John E. Ford, Odenton, Md. - RFD 1 - Box 418

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate c̄ metastasis to Bladder — INTERVAL BETWEEN ONSET AND DEATH: unknown

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 13, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE John M. Claffy (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF June 17, 1952
NAME OF CEMETERY OR CREMATORY CEDAR BLUFF
LOCATION (City, town, or county) ANNAPOLIS (State) MD
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W. Hughton ADDRESS Glen Burnie, Md.

RECEIVED
JUN 21
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie; LENGTH OF STAY (in this place): 40 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 109 Georgia Ave	STREET ADDRESS (If rural, give location): 108 Georgia Ave

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) C. (Last) Franklin			4. DATE OF DEATH (Month) June (Day) 17 (Year) 1952		
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 4/27/1889	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cooking work	10b. KIND OF BUSINESS OR INDUSTRY: at home		11. BIRTHPLACE (State or foreign country): Baltimore	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Michael Oppel			14. MOTHER'S MAIDEN NAME: Mary Bender		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mr William M. Franklin		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 2 Gaseous Marsh

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	15 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to June, 1952 that I last saw the deceased alive on June 17, 1952 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bobby L. Jones	M.D.	Glen Burnie	6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 6/20/52	NAME OF CEMETERY OR CREMATORY: Holy Cross Kinder Hill	LOCATION (City, town, or county) (State): Ritchie Hgwy
DATE REC'D BY LOCAL REG.: 6/18/52	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: John J. Bowen & Son	ADDRESS: 90 Hollins St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) FROCK
4. DATE OF DEATH: (Month) JUNE (Day) 15 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: APRIL 16-1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton
10b. KIND OF BUSINESS OR INDUSTRY: Corpus Christi Church
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephan F Frock
14. MOTHER'S MAIDEN NAME: Annie E. Snem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-30-2370
17. INFORMANT & ADDRESS: Chas Evans 1006 Parthwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio Vascular disease
DUE TO
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Decompensation
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Nephritis & Edema 8 mos. +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952, to June 15, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans (DEGREE OR TITLE) MD ADDRESS Annapolis, Md DATE SIGNED 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-18-52
NAME OF CEMETERY OR CREMATORY Wm Calhoun
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Chas F Evans Jr ADDRESS 118 W Mt. Royal Ave

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1526

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Mae (Last) Gray
4. DATE OF DEATH: (Month) (Day) (Year) June 29 1952

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 20 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Friedman Hospital D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Gray
14. MOTHER'S MAIDEN NAME: Mary Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Donald Gray Churchton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal Toxicosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

5710

Antecedent cause(s) DUE TO (b) Infectious diarrhea — 2 days.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.28, 1952, to 6.28.52, 19....., that I last saw the deceased alive on 6.28.52, 19....., and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE Bowie Linn Grant M.D. (DEGREE OR TITLE) ADDRESS Shady Side, Md. DATE SIGNED 6.30.52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF June 30 1952 NAME OF CEMETERY OR ~~CREMATORY~~ St Matthews Cem LOCATION (City, town, or county) Shady Side (State) Md.

DATE REC'D BY LOCAL REG. June 30-52 REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR T. A. Stardust + Son ADDRESS Galesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnsons Maternity

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, M
STREET ADDRESS 44 N. Washington St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Hall

4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6-7-52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phillip Hall
14. MOTHER'S MAIDEN NAME Rachel Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Phillip Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 9 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 11:05P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon G. Johnson M.D. ADDRESS 40 Northwest Street Annapolis Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) B
DATE THEREOF 6-13-52
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 10, 1952
REGISTRAR'S SIGNATURE [illegible] French
24. FUNERAL DIRECTOR William Legge II - 108 Washington Annapolis, Md. ADDRESS

7X411

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-[illegible]

RECEIVED
JUN 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Acres; MARYLAND; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Acres - Millersville Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick; (Middle); (Last) Hartlove

4. DATE OF DEATH: (Month) June; (Day) 15; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 19 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Produce Dealer

11. BIRTHPLACE (State or foreign country): Balt Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Hartlove

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Margaret West Elkton Acres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 1/2 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — Interval Between Onset and Death: 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6th, 1952, to June 15, 1952 that I last saw the deceased alive on June 14, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE: John L. Lipsky M.D. (Degree or title) ADDRESS: Elkton Md DATE SIGNED: June 16 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 18 1952

NAME OF CEMETERY OR CREMATORY: Elkton Cem

LOCATION (City, town, or county): Elkton

(State): Md

DATE RECD BY LOCAL REG.: 6-16

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: A. Boswell Evans Elkton

ADDRESS: Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 674 Melvin Drive

3. NAME OF DECEASED (Type or Print) (First) Randolph (Middle) (Last) Hawkins
4. DATE OF DEATH (Month) 6 (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH 4/2/05
9. AGE last birthday 47 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Paresis	Known to us since adm. 6/18/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 6/18, 1952, to 6/26, 1952, that I last saw the deceased alive on 6/26/, 1952, and that death occurred at 6:15p.m., from the causes and on the date stated above.

SIGNATURE Jacob Morpeuster M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30-52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. June 28 1952
REGISTRAR'S SIGNATURE RW
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) Nathan (Middle) (Last) Henson
4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1876?
9. AGE last birthday 76? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis — Known to us since 1942

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Mental Deficiency — Known to us since adm. 7/21/11

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1941, to 6/19, 1952, that I last saw the deceased alive on 6/19, 1952, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Jacob Moncrieffe M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/20/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 6/20/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Creek. Annapolis. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. Maryland
STREET ADDRESS (If rural, give location) Adams Park

3. NAME OF DECEASED (Type or Print) (First) ROLAND (Middle) (Last) HENSON
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-4-36
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Junk yard
11. BIRTHPLACE (State or foreign country) Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Vincent Henson
14. MOTHER'S MAIDEN NAME Gladys Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Vincent Henson, Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) College Creek (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 29 (Year) 1952 (Hour) 3.20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dove into Creek and drowned in 20 ft. of water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md. DATE SIGNED 7/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-3-1952
NAME OF CEMETERY OR CREMATORY Broadneck Cemetery
LOCATION (City, town, or county) Skidmore, Maryland (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE [signature] French
24. FUNERAL DIRECTOR Wm. Reese 108 W. Washington St. Annapolis, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU OF S.

12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, R. F. D. #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Hill
4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1906?
9. AGE last birthday 46? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Charles McGruder
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO. — — — — —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Paresis	Known to us since adm. 3/29/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 3/29/, 1952 to 6/28, 1952, that I last saw the deceased alive on 6/28, 1952, and that death occurred at 5:10p. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/28/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 7-1-52 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible]fully. The [illegible]rrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 317 N. Linden Ave.

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) WILLIAM (Last) HOPKINS, JR.

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952

5. SEX: Male ~~Female~~ — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH: 5-19-1936 — 9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Annapolis Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Claude W. Hopkins, Sr. — 14. MOTHER'S MAIDEN NAME: Lillian Hambruch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Claude W Hopkins Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed Chest — 1 hr. 40 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal Hemorrhage — 1 hr. 40 min.

(c)

(1) 912.3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hilt Company — (CITY OR TOWN) Annapolis — (COUNTY) AA — (STATE) Md

TIME OF INJURY (Month) June (Day) 30 (Year) 1952 (Hour) 11:10 a.m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? at loading platform Crushed between truck and building

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John M. Coffey M.D., Deputy Medical Examiner, Annapolis, Md. — 6/30/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF 7-3-52 — NAME OF CEMETERY OR CREMATORY Glen Haven Memorial — LOCATION (City, town, or county) Glen Burnie — (State) Md

DATE REC'D BY LOCAL REG. July 1, 1952 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR John M. Taylor & Sons — ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Paul (Last) Hughes
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/29/82
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman Penn R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Trackman
11. BIRTHPLACE (State or foreign country): Millsboro N. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Bost Hughes
14. MOTHER'S MAIDEN NAME: Marie Anne Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Anna Marie Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 4 Hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946., to June 17, 1952., that I last saw the deceased alive on June 17 ., 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Edward J Merritt (Degree or title) M.D. ADDRESS Gambrills Md DATE SIGNED June 17, 52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF June 23/52 | NAME OF CEMETERY OR CREMATORY Macedonia | LOCATION (City, town, or county) Odenton (State) Md

DATE REC'D BY LOCAL REG. June 21, 1952 | REGISTRAR'S SIGNATURE Edward M Karlen Jr | 24. FUNERAL DIRECTOR H. G. Johnson ADDRESS Annapolis

VS. 415 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1952
BUREAU V. S.

Item 18 Film G144 6-18-52 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH COUNTY: A.A. Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place): Left	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General	STREET ADDRESS (If rural, give location): 18 Taylor street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HARVEY HUTTON				4. DATE OF DEATH (Month) (Day) (Year): June 3 1952	
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: May 30, 1890	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer U S Naval	10b. KIND OF BUSINESS OR INDUSTRY: Golf Course		11. BIRTHPLACE (State or foreign country): South River Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Will Hutton			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 214-05-2285	17. INFORMANT AND ADDRESS: Bertha Hutton 18 Taylor st		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) underlying cause: Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5-51, 19....., to 5-23-52, 19....., that I last saw the deceased alive on 5-23-52, 19..... and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE: A. T. Allen (Degree or title): M.D. ADDRESS: 10 Carroll DATE SIGNED: 6-4-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sat June 7-52	Brewer Hill Cemetery	Annapolis, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/5/52	A W Hedrick	Wm. Rose II 108 W. Wash. st Annapolis, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 16 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4202 Arizona

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (Last) INSLEY
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 20, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Maria Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: H P McGinn 4202 Arizona Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1221
Immediate cause (a) Senile arteriosclerotic C.V. disease
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1951, to 6/15, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 8 P.m., from the causes and on the date stated above.
SIGNATURE Maurice Klawans (DEGREE OR TITLE) MD ADDRESS Annapolis, Md DATE SIGNED 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 18/52
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Albert L Home 2004 Calvert ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY A. A. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garland Park

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A. A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garland Park

STREET ADDRESS (If rural, give location): 100 Oak Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
SARAH AMELIA JACOBS	6 28 1952		

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:
female	white	widowed	Jan. 1, 1887	65 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis Dehn	Jane Trumbo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		219-16-5217	Mr. Howard C. Jacobs - 100 Oak Ave., Garland Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Progressive Bulabar Palsy	2 yrs
35 G.D. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July, 1952, to June, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Glen Burnie, Md A.A. 6-28-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 2, 1952	Cedar Hill Cem.	A. A. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/1/52		Wm. J. Pickeyer & Sons	Balto 17 Md

6 18

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) 15 (Year) 1952

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year: Months | Days. If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Distillery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. 215-22-054
17. INFORMANT AND ADDRESS [illegible] 2415 [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 [illegible] 52 - 2 40 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☒ suicide , homicide , undetermined .*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 6/ /52
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, City
STREET ADDRESS (If rural, give location) 2432 Madison Ave.

3. NAME OF DECEASED (Type or Print) (First) Warner (Middle) Cornelius (Last) Jones
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-15-02
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME ROBERT JONES ~~Unknown~~ Md.
14. MOTHER'S MAIDEN NAME ~~Unknown~~ ELLEN ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Hospital Record THELMA JONES 2432 MADISON AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis Known to us since 6-6-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1952 to 6-27, 1952 that I last saw the deceased alive on 6-27, 1952 and that death occurred at 7. P. M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob Morgenstern M.D.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7/1/52
NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 6/30/52
REGISTRAR'S SIGNATURE [illegible]
FUNERAL DIRECTOR Wm. A. Jockson
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside - MD.
LENGTH OF STAY (in this place) 14 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs - MD.
STREET ADDRESS (If rural, give location) 1904 Stratton Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Leslie	C	Joy	June	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W.	M	July 10, 1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive-Barber & Ross		Chillum, Maryland	U.S.A.

13. FATHER'S NAME: Charles Wells Joy
14. MOTHER'S MAIDEN NAME: Dorada M. Constantine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Dolly J. Joy, 1904 Stratton Road Silver Spring Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 hours
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocard. fis. Chronic	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. Ben Leidt	M. Examiner	Annapolis, Maryland	6.11.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/24/52	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 25 52	J. B. Dent	Warner & Humphrey	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUN 30 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Annapolis

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold

STREET ADDRESS (If rural, give location): Box 213

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Anne (Last) KING

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr 16, 1952

9. AGE last birthday: ___ yrs. IF UNDER 1 YEAR: Months 1 Days 27 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Woodrow (n) KING

14. MOTHER'S MAIDEN NAME: Minnie Kates HAMMELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) COLITIS, ACUTE, INFECTIVE (N571.0) — 2 days

571.0

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NUTRITIONAL MALADJUSTMENT, FEEDING PROBLEM (N772) 1 mo 27da

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF ~~XXXXXXXXX~~ Autopsy: Colitis, Acute, Infective, Etio Undetermined to date

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - -

(CITY OR TOWN) - - - (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from JUN 10, 1952, to JUN 11, 1952, that I last saw the deceased alive on JUN 11, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE W. I. Neikirk — (DEGREE OR TITLE) ADDRESS: W. I. NEIKIRK, LCDR MC USN — U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. — DATE SIGNED: 6-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 6-13-52

NAME OF CEMETERY OR CREMATORY: to

LOCATION (City, town, or county) (State): Mount Ephraim, N.J.

DATE REC'D BY LOCAL REG.: June 13, 1952

REGISTRAR'S SIGNATURE: W. T. French

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

RECEIVED
JUN 16 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mountain & Mill Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena (rural)
STREET ADDRESS (If rural, give location): Mountain And Mill Roads

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Vincent (Last) Klug

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 12, 1893

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Store

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Klug

14. MOTHER'S MAIDEN NAME: Filipina Volk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Elsie K. Klug Pasadena (rural)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcenoma of right lung	8 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute pulmonary edema	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25 1951, to June 25 1952 that I last saw the deceased alive on June 25, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Russell M. McLaughlin M.D.

ADDRESS: Pasadena. Md.

DATE SIGNED: June 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 28, 1952

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Brooklyn R.F.D. Md.

DATE REC'D BY LOCAL REG.: 6/28/52

REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: R.V. Singleton

ADDRESS: Glen Burnie, Md.

RECEIVED
JUN 30 1952
BUREAU V. S.

10 30 06013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel Co. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie MARYLAND Md. LENGTH OF STAY (in this place) Marley Park (BBP) 2 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Cedar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 205 Cedar Drive STREET ADDRESS (If rural, give location) Marley Pk - Glenburnie Md

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Koppold

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 6, 1869 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mellin | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Bernard Koppold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 2 days.

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Dementia - Senility — 2 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26 - 52, 19..., to June 29 - 52, 19..., that I last saw the deceased alive on June 26 - 52, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Fred L. Gray M.D. ADDRESS: U.S.A. DATE SIGNED: Oct 30 Denton Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 1, 1952 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnie Md

DATE REC'D BY LOCAL REG.: 7/3/52 | REGISTRAR'S SIGNATURE: L. J. DeAlba | 24. FUNERAL DIRECTOR: T. F. Langenfelder & Son | ADDRESS: Glenburnie

VS-4

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitneys Landing
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS nr. Severna Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) James (Last) Lee
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, ~~(Specify)~~:
8. DATE OF BIRTH: 6-22-1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter U.S. Naval Hospt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John J. Lee
14. MOTHER'S MAIDEN NAME: Appolonia Ruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: William J. Lee Weems creek

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	3 hours
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerosis 'Moderate'	2 years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension several years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE George C Basil (DEGREE OR TITLE) M.D. ADDRESS Annapolis Md DATE SIGNED June 30-52

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: DATE THEREOF July 2-52 NAME OF CEMETERY OR CREMATORY St. Marys LOCATION (City, town, or county) Annapolis Md. (State)
DATE REC'D BY LOCAL REG. July 1, 1952 REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: Sunset Knoll Pasadena P.O. COUNTY A. A. Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —

LENGTH OF STAY (in this place) 25 years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunset Knoll, Pasadena

STREET ADDRESS — (If rural, give location) Pasadena P.O.

3. NAME OF DECEASED (Type or Print) (First) M. (Middle) Catherine (Last) List

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1952

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Sept 10, 1865.

9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob List.

14. MOTHER'S MAIDEN NAME Elizabeth A. Gerbel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Lois List. - Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	12 hours.
422.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease.	10 years.
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1940, to June 13, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 8 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Bellingham M.D. ADDRESS 108 Calvert Av Glen Burnie Md DATE SIGNED Jan 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) DATE June 16, 1952 NAME OF CEMETERY OR CREMATORY Lorraine Cem. LOCATION (City, town, or county) Woodlawn (State) Md

DATE REC'D BY LOCAL REG. 6/16/52 REGISTRAR'S SIGNATURE L W Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS: #100 Deloware Ave., N.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): #100 Deleware Ave., N.E.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) S. (Last) Loving

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 10, 1905

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Slaughter

14. MOTHER'S MAIDEN NAME: Emeline Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Thomas T. Loving

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Instant

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Maurice A. Lambert M.D. Medical Examiner — ADDRESS: 1611 Bay Ridge Ave. Annapolis, Md. — DATE SIGNED: 6/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 6/13/52 — **NAME OF CEMETERY OR CREMATORY**: Glen Haven — **LOCATION** (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: 6/12/52 — REGISTRAR'S SIGNATURE: L. J. DeMiller

24. FUNERAL DIRECTOR: R.V. Singleton — ADDRESS: Glen Burnie, Md.

RECEIVED
JUN 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 8 mos. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Henry	Mackell	6	10	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	8/22/69	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Hand	Farming	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Mackell	Caroline Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	Known to us since Sept., 1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis - Simple Deteriorations — Known to us since Sept., 1951

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/22, 19 51, to 6/10, 19 52 that I last saw the deceased alive on 6/10, 19 52, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE James Carpenter M.D. (Degree or title) — ADDRESS Crownsville, Maryland — DATE SIGNED 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-13-1952	Adams Chapel Cemetery	Bayard,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13, 1952	K. M. Joyce	Wm. Reese	108 W. Washington Street Annapolis, Maryland

VS. A15

RECEIVED
JUN 19 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2030 - 16 St. N.W

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Ward (Last) Mankin
4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby. 20, 1874
9. AGE last birthday: 78 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor of Medicine
10b. KIND OF BUSINESS OR INDUSTRY: Practice of
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Mankin
14. MOTHER'S MAIDEN NAME: Agnes Callaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs J. Ward Mankin Wash D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heat Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ___ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Duffy M.D. Deputy Medical Examiner Annapolis Md. 6/27/52

BY BURIAL CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-27-1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. June 27 1952
REGISTRAR'S SIGNATURE
21. FUNERAL DIRECTOR ADDRESS
The S. H. Hines Co 2901-14th St N.W Wash D C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

RECEIVED
JUL 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL GENERAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 7077 CENTRAL AVE S.E.

3. NAME OF DECEASED (Type or Print) (First) MABEL (Middle) (Last) MASSEY

4. DATE OF DEATH (Month) JUNE (Day) 16, (Year) 1952 19

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 11-23-1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. H. McNARMARA
14. MOTHER'S MAIDEN NAME ~~[illegible]~~ SARAH DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS JAMES E. MASSEY SON. SAME AS # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage with 12 hr.

221X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. hemiplegia

(c) Arteriosclerosis [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1952, to 6-16, 1952, that I last saw the deceased alive on 6-16, 1952, and that death occurred at 6 05 A m., from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED June 16-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6-18-52
NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY
LOCATION (City, town, or county) (State) SUITLAND, PRINCE GEORGE, Md

DATE REC'D BY LOCAL REG. June 16, 1952
REGISTRAR'S SIGNATURE Wm. J. Frenchie
24. FUNERAL DIRECTOR LEE FUNERAL HOME ADDRESS WASHINGTON, D.C.

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6 19

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural, give location) 2007 Madison Ave.

3. NAME OF DECEASED (Type or Print) (First) Arnold (Middle) McAllen (Last) Matthews
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1906
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor in Steel plant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Matthews
14. MOTHER'S MAIDEN NAME Henrietta Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Warner, 111 W. 136 St. N.Y. City N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

9748 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg. etc.) OF INJURY Mill Creek (CITY OR TOWN) Rural Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 4 (Year) 1952 (Hour) 5:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was in Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 6/6/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF June 10, 1952
NAME OF CEMETERY OR CREMATORY Local Cemetery
LOCATION (City, town, or county) New York, N.Y. (State)
DATE REC'D BY LOCAL REG June 6, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J.B. Johnson ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 9 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Smallwood
LENGTH OF STAY (in this place) Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 522 - Yale Ave.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible] Classon
4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 5/19/10
9. AGE last birthday 42 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] W. T. Cowan Sr. - Truck Transportation
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Lloyd McClasson
14. MOTHER'S MAIDEN NAME Pearl Chisar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. 304-07-6481
17. INFORMANT Mary B. McClasson

18. MEDICAL CERTIFICATION Elkridge Heights Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

29.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/15/52 - 2.40 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) Assistant Deputy [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 19-52
NAME OF CEMETERY OR CREMATORY Petersburg
LOCATION (City, town, or county) Kentucky (State)
DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS 4600 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back Bay Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
STREET ADDRESS (If rural, give location) Back Bay Beach

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) DENISE (Last) McKEEVER

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Mar. 24 1946

9. AGE last birthday: 6 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: John B. McKeever

14. MOTHER'S MAIDEN NAME: Lucile A Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John B. McKeever, Churchton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .22 cal. wound from rifle bullet in Head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Entrance mouth; a little to rt. of median line

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg.) OF INJURY Home (CITY OR TOWN) Churchton (COUNTY) A.A. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1952 ~2 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Accidental discharge of .22 cal rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection ( ), Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident X, suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffy M.D. Deputy Medical Examiner Annapolis Md. 6/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/23/52 | NAME OF CEMETERY OR CREMATORY Our Lady of Sorrow | LOCATION (City, town, or county) (State) Owensville Md

DATE REC'D BY LOCAL REG June 22-52 | REGISTRAR'S SIGNATURE J. B. Dent

24. FUNERAL DIRECTOR Hardesty Funeral Home | ADDRESS Galesville Md

VS. A15A

RECEIVED
JUN 24
BUREAU V. S.

22

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady SIDE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY D
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5123-Benning Rd. S.E.

3. NAME OF DECEASED (Type or Print) (First) NORRIS (Middle) FRANKLIN (Last) MEREDITH
4. DATE OF DEATH (Month) JUNE (Day) 8 (Year) 1952
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept of Agriculture
10b. KIND OF BUSINESS OR INDUSTRY U.S.A.
11. BIRTHPLACE (State or foreign country) —
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Mac Alonza Meridith
14. MOTHER'S MAIDEN NAME Ina Lee Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No. 233-30-2450
17. INFORMANT AND ADDRESS Roy L. Alton 5125 Benning Rd S.E. WASHINGTON D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Pacific Ave area (CITY OR TOWN) Deale (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) June (Day) 3, (Year) 1952 (Hour) 4 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off boat into Chesapeake Bay

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Coffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 6/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 10, 1952 NAME OF CEMETERY OR CREMATORY Arlington Natl Cem LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. June 9-52 REGISTRAR'S SIGNATURE I. B. Dent. 24. FUNERAL DIRECTOR H. A. Hardesty + Son ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JUN 1
BUREAU V. S

Replacement
Cer. L
8/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06940

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEALE
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Anne
STATE Maryland COUNTY Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 3, 1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Seis

14. MOTHER'S MAIDEN NAME: Hester (Surname Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-38-5813

17. INFORMANT & ADDRESS: Mr. Howard Miller Deale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) ..... Coronary Occlusion — 30 min.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Arterio-Sclerosis — 10 years
DUE TO
(c) Diabetes Mellitus — 15 years

260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from ..., 19..., to June 1, 19.52, that I last saw the deceased alive on May 28, 1952, and that death occurred at 12.10 A.M., from the causes and on the date stated above.

SIGNATURE Barbara Hunt (Degree or title) M.D ADDRESS Ewell, Md. DATE SIGNED 9/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 5, '52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 9-16-52
REGISTRAR'S SIGNATURE L. W. Hedrick
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 517 11th ST., S.E.

VS. Aug

COPY SENT TO [illegible] DATE

RECEIVED
SEP 16
BUREAU V. S.

SEP 2 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 1417 Poplar Ave

3. NAME OF DECEASED (Type or Print) (First) Romeo (Middle) A. (Last) Moody
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct 26 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personal Office Sil Co
10b. KIND OF BUSINESS OR INDUSTRY Personal officer
11. BIRTHPLACE (State or foreign country) Baldwin W. Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Edward Mooney
14. MOTHER'S MAIDEN NAME Nancy E. Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Moody Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart disease — Interval between onset and death: Several years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage with left hemiplegia — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 8 55 p m., from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Humphrey Md DATE SIGNED 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-8-52 NAME OF CEMETERY OR CREMATORY Fairmont West Va LOCATION (City, town, or county) Fairmont (State) W. Va

DATE REC'D BY LOCAL REG. June 8, 1952 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
JUN 10
BUREAU V. S.

6024

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) Edgewater P.O. (rural)

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) (Last) MOULDEN
DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 6, 1930
9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driving Sta. Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Crown Corp.
11. BIRTHPLACE (State or foreign country): West River, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Moulden
14. MOTHER'S MAIDEN NAME: Adeline Pellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Thos. Moulden, Edgewater, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

129.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: College Creek (CITY OR TOWN): Annapolis (COUNTY): A.A. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): June 15 1952 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dove off R.R. bridge.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: John M. Claffy, M.D., Deputy Medical Examiner, Annapolis, Md. — DATE SIGNED: 6/16/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 6-18-1952 | NAME OF CEMETERY OR CREMATORY: Hopes Chapel Cemetery | LOCATION (City, town, or county) (State): Hopes Chapel, Md.

DATE REC'D BY LOCAL REG.: June 17, 1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Wm. Reese & 108 W. Washington st. Annapolis, Maryland

VS. 415A

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A.Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Edgewater, Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Jasper (Last) Norris
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr. 8 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) A.A.Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Norris
14. MOTHER'S MAIDEN NAME Cornelia Hyde.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Mrs Edw. Larrimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. Disease

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Fractured hip - incapacitated

INTERVAL BETWEEN ONSET AND DEATH: Yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to June 18, 1952, that I last saw the deceased alive on 6/18, 1952, and that death occurred at 5.15 P.m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 6/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/18/52
NAME OF CEMETERY OR CREMATORY County Home
LOCATION (City, town, or county) Edgewater (State) Md

DATE REC'D BY LOCAL REG. June 19, 1952
REGISTRAR'S SIGNATURE Eduard Collenson
24. FUNERAL DIRECTOR Hardesty Funeral Home
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
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BUREAU V. S.

Items 8, 9 Film 6143 6/23/52 whw

016026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-12

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Haven; MARYLAND; LENGTH OF STAY (in this place) 13 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Haven; STREET ADDRESS (If rural, give location) Baltimore & H. Blvd 101 Rt. 10-3

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) N (Last) Novak

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH (Month, Day, Year): July 1873

9. AGE last birthday: 88 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Thomas Novak, Glen Haven.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic - Hypertension

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Valvular Disease

(c)

443 ×

INTERVAL BETWEEN ONSET AND DEATH: (a) ..... (b) years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1950, to June 9, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE: Vincent S. Tokia (Degree or title) M.D ADDRESS 2623 E. Monument St DATE SIGNED 6/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-13-52

NAME OF CEMETERY OR CREMATORY: Oak Hill

LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG. 6/12/52

REGISTRAR'S SIGNATURE: A. W. Redmond Dep

24. FUNERAL DIRECTOR: Undertaker on Call Funeral ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 916 West Franklin

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GEORGE TEMPER OPHER
4. DATE OF DEATH (Month) (Day) (Year) June 24 1952
5. SEX Male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 16 1923
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper
10b. KIND OF BUSINESS OR INDUSTRY U.S. Signal Depot
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Joseph E. Opher
14. MOTHER'S MAIDEN NAME Sarah E. Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) WW 2
16. SOCIAL SECURITY No. 220-18-3518
17. INFORMANT AND ADDRESS Joseph Opher - Taylors Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg.) OF INJURY Severn River (CITY OR TOWN) near Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1952 11:45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell overboard from boat.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE John M. Caffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-25-1952 NAME OF CEMETERY OR CREMATORY Jefferson Memorial Cem. LOCATION (City, town, or county) Smithville, Md. (State)

DATE REC'D BY LOCAL REG June 25, 1952 REGISTRAR'S SIGNATURE [illegible] O'Brien
24. FUNERAL DIRECTOR Wm. Reese & Co. ADDRESS 108 W. Washington St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Eastport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 803 Severn Ave

3. NAME OF DECEASED: (Type or Print) (First) Dorothea (Middle) Maria (Last) Oeman

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 1-17-1863

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Deirick Meneke

14. MOTHER'S MAIDEN NAME: Mary M. Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Mrs John Branzell Eastport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arteio Sclerotic Heart Disease — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Generalized Arteio Sclerosis — Yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Varicose Ulcer Bilateral — Several Months

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
George C Basil M.D. Annapolis Md — 6.29.52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 6-30-52 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REG. June 30, 1952 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** John W. Sayles Sons — ADDRESS Annapolis Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

16029

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   STREET ADDRESS (If rural, give location): 108 Washington

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) E. (Last) PARKER

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 9-20-1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jockey

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Bldg.

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias Parker

14. MOTHER'S MAIDEN NAME: Harriet Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 214-05-2058

17. INFORMANT AND ADDRESS: Elenor Reese 108 W. Wash st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute Dilatation of Heart — Sudden

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardio vascular hypertensive Disease — unknown

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John M. Caffy M.D. Deputy Medical Examiner Annapolis Md 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 11, 1952 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: June 10, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Wm. Reese & 108 W. Washington St. Annapolis, Maryland.

RECEIVED
JUN 12 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 122 Smith Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Parkinson
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 23-1897
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contr. U.S.C.G. Yoadtown
10b. KIND OF BUSINESS OR INDUSTRY: Road work
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Parkinson
14. MOTHER'S MAIDEN NAME: Mary Ann Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Sidney Lacey Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephrotic stage of — 3 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerular Nephritis — 2 Yrs.

5 1/2 X

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 1 mos.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to 6/7/, 1952, that I last saw the deceased alive on 6/7/, 1952, and that death occurred at 4 P.M. m., from the causes and on the date stated above.

SIGNATURE: Frank M Stirling (Degree or title) M.D. ADDRESS: Annapolis Md DATE SIGNED: 6/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 6-10-52 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: June 9, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John W Payle & Son — ADDRESS: Annapolis Md.

HS-A15

RECEIVED
JUN 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis — LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 20
STREET ADDRESS (If rural, give location) Route #15 Box 277 ✓

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Agnes (Last) PICH

4. DATE OF DEATH: (Month) JUN (Day) 24 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: MAR 27, 1896

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin VESELY

14. MOTHER'S MAIDEN NAME: Catherine YEANDA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) URAEMIA (N592)	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO INTERCAPILLARY GLOMERULOSCLEROSIS (N260)	7 mos plus
	(c) DUE TO DIABETES MELLITUS (N260)	8 yrs plus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS (N450) — 8 yrs plus

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF [illegible]: autopsy same as I

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from MAY 28, 1952, to JUN 24, 1952, that I last saw the deceased alive on JUN 24, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
G. F. TAYLOR III, LT MC USN — U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. — 6-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/27/52 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG. 6/24/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

A-13

32

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodland Beach (Globe Creek)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 2256 (If rural, give location) 13th St. N.E.

3. NAME OF DECEASED (Type or Print) (First) PHILIP (Middle) A (Last) PYLES
4. DATE OF DEATH (Month) June (Day) 19, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 10, 1937
9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school student
10b. KIND OF BUSINESS OR INDUSTRY Jr High
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph F. Pyles
14. MOTHER'S MAIDEN NAME Constance Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) nO
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Joseph F. Pyles same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Globe Creek (CITY OR TOWN) Edgewater (COUNTY) Anne Arundel (STATE) Maryland
TIME OF INJURY (Month) June (Day) 19,52 (Year) 11am. (Hour)
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Was swimming in Globe Creek

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE John M. Clayton M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Maryland DATE SIGNED June 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 21, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. June 19, 1952
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR Nalley Funeral Home ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALLA

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn — LENGTH OF STAY (in this place): Alle life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Queenstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED: (Type or Print) (First) Rufus (Middle) Garfield (Last) Queen

4. DATE OF DEATH: (Month) June (Day) 8th (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: February 17, 1892
9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.A. Post Office Packer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harmans, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ambrose Queen
14. MOTHER'S MAIDEN NAME: Annie B. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lawrence Queen, (Son).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
420.1	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Mitral Stenosis	2 y.
	DUE TO	
	(c) Hypertension	2 y.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? [redacted] No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to 6/8/, 1952, that I last saw the deceased alive on 6/3/52 19....., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: Isaslave H. Pauker D.M. (DEGREE OR TITLE) ADDRESS: Glen Burnie, Md. DATE SIGNED: 6/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 11, 1952
NAME OF CEMETERY OR CREMATORY: Mt. Calvary
LOCATION (City, town, or county) (State): Anne Arundel Co. Md.
DATE REC'D BY LOCAL REG.: 6/10/52
REGISTRAR'S SIGNATURE: H. W. Redrick Deputy
24. FUNERAL DIRECTOR: Howland Funeral Home, 1631 David Hill Ave.
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

34

Reg. Dist. No. 2.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glebe Creek

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodstock
STREET ADDRESS (If rural, give location): Old Court Road

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) RICHARD (Last) RIDDLE JR

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13, 1925

9. AGE Last Birthday: 26 yrs. — If under 1 year: Months — If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Layer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frank R Riddle Sr

14. MOTHER'S MAIDEN NAME: Minnie Milshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-16-2434

17. INFORMANT AND ADDRESS: Frank R Riddle Sr, Woodstock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Drowning

E 850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Glebe Creek | (CITY OR TOWN): Edgewater | (COUNTY): A.A. | (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: June 29 1952 7 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Last Swamped - He could not swim

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John M. Claffy M.D. Deputy Medical Examiner — Annapolis Md — 6/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/2/52 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county) (State): Fairfax, Virginia

DATE REC'D BY LOCAL REG: 7/1/52 | REGISTRAR'S SIGNATURE: 7/17/52 John A. Laughman. | 24. FUNERAL DIRECTOR: Per. to E.E. Edward Collinson | ADDRESS: Fairfax, Va. Edwin Elliott Funeral Home

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PY SENT TO ~~LOCAL~~ REGISTRAR No. CHO DATE 7/17/52

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: ~~Anne Arundel~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O. Pasadena
LENGTH OF STAY (In this place): Few years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Creek

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: ~~Maryland~~ COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tunnelton & St. Michaels
STREET ADDRESS (If rural, give location): 475 Hutchinson St. Chew Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert Frank (Middle) ~~Ritchey~~ (Last) Ritchey

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3/21/30

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine, aviation training

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Pittsburg, Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chester D. Ritchey

14. MOTHER'S MAIDEN NAME: Margaret O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 215-26-9234

17. INFORMANT: Chester D. Ritchey, Identification records, U.S.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

929.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rock Creek
(CITY OR TOWN): Rock Point - P.O. Pasadena, Md. (COUNTY): A-A (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6/15/52 4:30 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Clinton E. Burbridge D.D. ADDRESS: Pasadena, Md. DATE SIGNED: 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6/17/52 | NAME OF CEMETERY OR CREMATORY: Christ Cemetery | LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: 6/16/52 | REGISTRAR'S SIGNATURE: A W Redden

24. FUNERAL DIRECTOR: J. Hamilton Harrison | ADDRESS: St. Michaels Md.

36

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park P.O. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAGOTHY RIVER

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 704 Tissie St.

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) WESLEY (Last) ROBINSON
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 15, 1935
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John W. Robinson
14. MOTHER'S MAIDEN NAME Ida Peeker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Ida Robinson 704 Tessier St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Magothy River near Cypress Creek (CITY OR TOWN) Severna Park P.O. (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) June (Day) 5 (Year) 1952 (Hour) 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dove off pier and could not swim

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Cloffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md. DATE SIGNED 6/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-11-52
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. 6/10/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Mrs. Frances A. Hemsley ADDRESS 576 W [illegible] St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06037

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Thompson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 9 Thompson

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) Elizabeth (Last) Pullman

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: 2-20-1858 — 9. AGE: At birthday 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None wife — 11. BIRTHPLACE (State or foreign country): Annapolis Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Rawlings Goodwin — 14. MOTHER'S MAIDEN NAME: Mary Jane Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No — 16. SOCIAL SECURITY NO.: no — 17. INFORMANT AND ADDRESS: Mrs Alton B. Welch Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	12 hrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Congestive Heart Disease	10 days
	(c) Senile Arteriosclerosis	years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5th, 1952, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 11 +2 P.m., from the causes and on the date stated above.

SIGNATURE: Chas Purvis (Degree or title) M.D. — ADDRESS Annapolis Md — DATE SIGNED June 16-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6-17-52 — NAME OF CEMETERY OR CREMATORY St Anne's — LOCATION (City, town, or county) Annapolis — (State) Md.

DATE REC'D BY LOCAL REG. June 17, 1952 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: John W. Taylor Sons — ADDRESS Annapolis Md.

RECEIVED
JUN 18 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 38

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Annapolis
LENGTH OF STAY (in this place): 6 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 55 Franklin Street

3. NAME OF DECEASED: (First) Theodore (Middle) Leon (Last) SCHUMACHER (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sep 23, 1894

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Theodore Ernest SCHUMACHER

14. MOTHER'S MAIDEN NAME: Mary Elizabeth KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW1 & WW2

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CORONARY ARTERY OCCLUSION DUE TO THROMBOSIS (N420.1)	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY SCLEROSIS (N420.1)	4 yrs
	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS (N450.0)	Unknown

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. - - -

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF ~~EXAMINATION~~ Autopsy: same as I

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -

(CITY OR TOWN): - - -

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from JUN 17, 1952, to JUN 23, 1952, that I last saw the deceased alive on JUN 23, 1952, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE: J. R. [illegible] LCDR MC USN (DEGREE OR TITLE)

ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD

DATE SIGNED: 6-23-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): [illegible]

DATE THEREOF: 6-25-52

NAME OF CEMETERY OR CREMATORY: Naval Academy

LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: June 25, 1952

REGISTRAR'S SIGNATURE: [signature] R.W.

24. FUNERAL DIRECTOR: John M. Sayler Sons

ADDRESS: Annapolis Md

RECEIVED
JUN 26 1952
BUREAU W. S.

16039

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lutheran Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2602 Hunnicut Road

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) S. (Last) Lemmon
4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	9/19/93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	B. & O. R.R.	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: William D. Lehmann
14. MOTHER'S MAIDEN NAME: Mrs. Theresa Deppenbrock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	705-05-2847	Mrs. [illegible] 2603-1 [illegible] Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave R. Koelbel (Degree or title) M.D. ADDRESS 1 W. Mulberry St. Balto. 1, Md. DATE SIGNED 6/21/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 24 1952	Loudon Park	Balto	Md

DATE REC'D BY LOCAL REGISTRAR'S REG. 6/23/52 SIGNATURE [illegible]

24. FUNERAL DIRECTOR John F. Feutel ADDRESS 5311 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Skipper
4. DATE OF DEATH (Month) June (Day) 5 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH August 6, 1888
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) First Sergeant (retired)
10b. KIND OF BUSINESS OR INDUSTRY U S Army
11. BIRTHPLACE (State or foreign country) Huntingdon Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Abraham Boring Skipper
14. MOTHER'S MAIDEN NAME Harriet May Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Mary A. Skipper, Jessup Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Abdominal Carcinomatosis	6 mos.
1X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric Carcinoma	18 mos.
	(c) ✓	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ?
19b. MAJOR FINDINGS OF OPERATION Gastric Carcinoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1st, 1952, to June 5th 1952, that I last saw the deceased alive on June 5th, 1952, and that death occurred at 8.30 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Mank Shipley, M.D., Savage, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 9, 1952
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. June 9-52
REGISTRAR'S SIGNATURE Clara M. Carlisle
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

RECEIVED
JUL 3 19[illegible]
BUREAU V. S.

6041

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie (Rural) LENGTH OF STAY (in this place) 31 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woods Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie (Rural)
STREET ADDRESS (If rural, give location) Woods Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) W. (Last) Slivecky
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Seperated
8. DATE OF BIRTH May 22, 1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Md. Drydock
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James J. Slivecky
14. MOTHER'S MAIDEN NAME Anna M Slivecky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Elizabeth Slivecky, 1407 S. Olive St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Charred above recognition — Sudden

416.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Elvaton Acres, (COUNTY) Anne Arundel (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/28/52 2.A.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? House caught on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faubert M.D. (Degree or title) Assistant Deputy ~~Deputy~~ Medical Examiner, ADDRESS Glen Burnie, Md. DATE SIGNED 6/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 28, 1952 NAME OF CEMETERY OR CREMATORY Glen Haven LOCATION (City, town, or county) Glen Burnie, Md. (State)
DATE REC'D BY LOCAL REG. 6/28/52 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR T.W.Singleton, ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 30 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28 (12)

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herold Harbor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kyle Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HEROLD HARBOR
STREET ADDRESS (If rural, give location) CROWNSVILLE P.O.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) RUTH M. SOVINSKI

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 17 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: APRIL 25,
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm DAWSON
14. MOTHER'S MAIDEN NAME: LAURA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: WALTER L. SOVINSKI SAME AS # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	2 MO
171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma Cervex Uteri	2 MO
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 2:03 P.m., from the causes and on the date stated above.

SIGNATURE Edward G Thewett (DEGREE OR TITLE) M.D. ADDRESS Gambrills Md DATE SIGNED 6-17-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF 6-19-52 NAME OF CEMETERY OR CREMATORY ST MARY'S CEMETERY LOCATION (City, town, or county) (State) ANNAPOLIS, Md

DATE REC'D BY LOCAL REG. June 18, 1952 REGISTRAR'S SIGNATURE K. M. Joyce
24. FUNERAL DIRECTOR B. L. HOPPING & SON ADDRESS ANNAPOLIS, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9. Hardesty Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
STREET ADDRESS (If rural, give location) 9. Hardesty Court

3. NAME OF DECEASED (Type or Print) (First) Isiah (Middle) (Last) Stepney
4. DATE OF DEATH (Month) June (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-4-1861
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rta. [illegible] Academy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Stepney
14. MOTHER'S MAIDEN NAME Juliann Bonds.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rev. Thomas Robinson 9 Hardesty Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30-52, 19..., to 6-5-52, 19....., that I last saw the deceased alive on 6-2-52, 19....., and that death occurred at 2 30/4 m., from the causes and on the date stated above.

SIGNATURE A. T. Allen (Degree or title) MD ADDRESS 10 Carroll DATE SIGNED 6-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-9-52
NAME OF CEMETERY OR CREMATORY Arnold Church Cemetery
LOCATION (City, town, or county) Arnold (State) Maryland

DATE REC'D BY LOCAL REG. 6/6/52
REGISTRAR'S SIGNATURE A W Hennig
24. FUNERAL DIRECTOR Wm. Rose II 108 W. Wash. St. Annapolis, Maryland ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevens Grove (Pasadena P.O.)
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 Box #195

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevens Grove (Pasadena P.O.)
STREET ADDRESS (If rural, give location) Route #2 Box #195

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Lepoy Stevens

4. DATE OF DEATH (Month) (Day) (Year): Jun 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 19 1883
9. AGE last birthday: 69 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (retired)
10b. KIND OF BUSINESS OR INDUSTRY: self-employed
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: David Stevens
14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Johanna Reamer Clear Village (Pasadena P.O.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 months

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950, to June 17, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith M.D. (Degree or title) ADDRESS: Riviera Beach, Md. DATE SIGNED: 6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 20, 1952
NAME OF CEMETERY OR CREMATORY: Meadowridge
LOCATION (City, town, or county) (State): Washington Blvd. Md

DATE REC'D BY LOCAL REG.: 6/18
REGISTRAR'S SIGNATURE: L. J. De Alba
24. FUNERAL DIRECTOR: R. V. Singleton ADDRESS: Glen Burnie, Md

M

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VS. A-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 20 1952
BUREAU V. S.

16045

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herold Harbor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) LEROY (Last) STITT

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Nov 2-1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber & Steam Fitter
10b. KIND OF BUSINESS OR INDUSTRY Plumber
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY N.S.A.

13. FATHER'S NAME Henry J. Stitt
14. MOTHER'S MAIDEN NAME Luella Boyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Minnie L. Stitt Herold Harbor Ea Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE DILATATION of HEART	sudden
241 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARDIAC ASTHMA	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 6/6/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 6-7-52 NAME OF CEMETERY OR CREMATORY Cross Roads LOCATION (City, town, or county) Millersville (State) Md

DATE REC'D BY LOCAL REG. June 9, 1952 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 1 yr. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1603 N. Pulaski St.,

3. NAME OF DECEASED (Type or Print) (First) Theresa (Middle) (Last) Strother
4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 12/9/85
9. AGE last birthday 66 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY — — —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Michael Jones
14. MOTHER'S MAIDEN NAME Adie Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO. — — —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — Known to us since 7/21/50

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease — Known to us since 7/21/50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional Psychosis, Paranoid Type — Known to us since 7/21/50

19a. DATE OF OPERATION — — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 7/21/, 1950, to 6/27, 1952, that I last saw the deceased alive on 6/27/52, 19..., and that death occurred at 11:50a. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Mt. ADDRESS Crownsville, Maryland DATE SIGNED 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 1952 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Mrs Katie B Williams — ADDRESS 322N Silver Wood

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 11,
STREET ADDRESS (If rural, give location) 3508 Buena Vista Ave.

3. NAME OF DECEASED (Type or Print) (First) THADDEUS (Middle) EUGENE (Last) TAYLOR
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952
5. SEX Male
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH JULY 11-1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY BUILDING
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EDWARD E. TAYLOR
14. MOTHER'S MAIDEN NAME ANNIE L. STAMBACH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-01-5274
17. INFORMANT AND ADDRESS MRS. LILLIAN G. TAYLOR 3508 BUENA VISTA AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) South River (CITY OR TOWN) Edgewater (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 15, (Year) 1952 (Hour) 6:56 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell over-board from boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 6/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 18-1952
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) Baltimore Co. (State) Maryland

DATE REC'D BY LOCAL REG 6/17/52
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road
Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY: ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH LINTHICUM — LENGTH OF STAY (in this place): 6 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH LINTHICUM
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 HEATH AVE	STREET ADDRESS (If rural give location): 3 HEATH AVE

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) T (Last) TRIMPER — 4. DATE OF DEATH: (Month) JUNE (Day) 2 (Year) 1952

5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED — 8. DATE OF BIRTH: OCT. 31, 1883 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER — 10b. KIND OF BUSINESS OR INDUSTRY: B.&O. R.R. — 11. BIRTHPLACE (State or foreign country): GERMANY — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CONRAD TRIMPER — 14. MOTHER'S MAIDEN NAME: MARY GUNTHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: CATHERINE GARDNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 week

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic C.V.D — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to June, 19....., that I last saw the deceased alive on June 2, 1952, and that death occurred at 5:15 m., from the causes and on the date stated above.

SIGNATURE: Paul Schofield (Degree or title) — ADDRESS: 2301 Annapolis Rd — DATE SIGNED: 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: JUNE 5, 1952 — NAME OF CEMETERY OR CREMATORY: WESTERN — LOCATION (City, town, or county): BALTIMORE (State): MARYLAND

DATE REC'D BY LOCAL REG.: 6/3/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: [illegible] 1328 [illegible] Spring St. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

'50

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Bay | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 665 W. Pratt Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	G.	WALTERS	June	22,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Feb. 22, 1900	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper - Elevator Repair		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Walters	Ophelia Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	W.W. II		William Walters, 231 Scott Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	river	200 ft. off Brandon shores	p.o.Curtis Bay	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Found 6/22/52 9a.m.		drowned

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, ~~accident~~ X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
William J. Smith	Asst. Medical Examiner, 700 Fleet St., Balto., Md.	June 24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/25/52	U. S. National Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/52	L	Wm. Cook, Inc.	1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Ann Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CROWNSVILLE | LENGTH OF STAY (In this place) 26 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS CROWNSVILLE State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location) Upper Hill. Box 41

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) M (Last) WATERS
4. DATE OF DEATH: (Month) June (Day) 7th (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	negro	married	1-7-1908	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Upper Fairmount, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolphus Waters
14. MOTHER'S MAIDEN NAME: Minnie Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: George Waters, Upper Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General paresis — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1952, to 6-7, 1952, that I last saw the deceased alive on 6-7, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 11-52 | NAME OF CEMETERY OR CREMATORY: Upper Hill | LOCATION (City, town, or county) (State): Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG.: June 8, 1952 | REGISTRAR'S SIGNATURE: K. M. Joyce | 24. FUNERAL DIRECTOR AND ADDRESS: Charles F. Ward Marion Md

RECEIVED
JUN 13
BUREAU V. S.

D6052

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach; LENGTH OF STAY (in this place) 1 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cottage Grove Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 825 Patapsco Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Augustus (Last) Williams

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Foreman

10b. KIND OF BUSINESS OR INDUSTRY: B & O. R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 205-12-3953

17. INFORMANT AND ADDRESS: Mrs. Marie Seifert 825 Patapsco Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	2 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to June 10, 1952, that I last saw the deceased alive on June 9, 1952 and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. Murphy M.D. Baltimore, Md. June 10, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: June 13, 1952

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. 6/12/52

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: George T. Gorce 4001 Ritchie Hwy

Dmk

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

B6053

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (In this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Smallwood Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lorie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) (Last) Wood.
4. DATE OF DEATH: (Month) June (Day) -10- (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Married	5/4/1900	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ira Wood.-
14. MOTHER'S MAIDEN NAME: Margaret Squires

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 216-05-9136
17. INFORMANT: Mrs. Mildred Blood (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden
0027 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 4 months
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lucian H. Pardee M.D. Assistant Deputy Medical Examiner. New Bucoda Md. 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/13/52
NAME OF CEMETERY OR CREMATORY: Holy Cross
LOCATION (City, town, or county) (State): Rockie Highway

DATE REC'D BY LOCAL REG. 6/11
REGISTRAR'S SIGNATURE: L. J. DeAlba
24. FUNERAL DIRECTOR: John F. Denny, Inc. ADDRESS: 715 Light St-30

VS. A15A

RECEIVED
JUN 12 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 913 Madison Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 913 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) RILEY (Middle) J (Last) WOOD

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 11, 1889	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor Forman	US. Gov. Employed	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wood	Lulu Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	none	Mrs Yula E. Wood same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Cardio-Vascular Disease	1 yr.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17-, 1952, to 6-20-, 1952, that I last saw the deceased alive on 6-20-, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: James A. Martin (DEGREE OR TITLE) M.D. ADDRESS: Annapolis DATE SIGNED: June 6/22/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-52	Glen Haven Cemetery	Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23, 1952	W. T. French	B.L. Hopping and Son	Annapolis, Md.

RECEIVED
JUN 24 1952
BUREAU V. S.